PTO/SB/22 (10-00)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)								
			In re Application of Bertram CEZZANE et al.					
			Application Number 10/582,850			Filed June 14, 2006		
			For CARBOXAMIDE DERIVATIVES					
			Group Art Unit 1624		Examiner Noble E. Jarrel			
This is	a reque	est under the provisio	ns of 37 CFR 1	.136(a	) to extend the pe	eriod for filing a		
response in the above identified application.								
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):								
	$\boxtimes$	One month (37 CFR	1.17(a)(1))			\$ <u>120.00</u>		
		Two months (37 CFF	₹ 1.17(a)(2))			\$		
		Three months (37 Ci	FR 1.17(a)(3))			\$		
		Four months (37 CF	R 1.17(a)(4))			\$		
		☐ Five months (37 CFR 1.17(a)(5)) \$						
			at claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above and by one-half, and the resulting fee is: \$					
	A check in the amount of the fee is enclosed.							
$\boxtimes$	Payment by credit card via EFS.							
	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.							
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u> .								
I have enclosed a duplicate copy of this sheet.								
I am the ☐ applicant/inventor. ☐ assignee of record of the entire interest. See 37 CFR 3.71								
	_	•						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  ☑ attorney or agent of record.								
attorney or agent on record.  attorney or agent under 37 CFR 1.34(a).								
Registration number if acting under 37 CFR 1.34(a).								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
	Ма	rch 28, 2008			/Brior	n P. Heaney/		
		Date			\$	Signature		
					Brion P. Hear	ney, Reg. No. 32,542	_	
					Typed	or printed name		
NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple								
forms if more than one signature is required, see below*. *Total offorms are submitted.								

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Child Information Officer, U.S. Patient and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner of Patients, P.O. Sen 1450, Alexandria, VA 22315-1450.